



South Carolina Department of Labor, Licensing and Regulation

**Board of Social Work Examiners**

P.O. Box 11329 • Columbia, SC 29211

Phone: 803-896-4665 • Fax: 803-896-4719 • [www.llronline.com/POL/SocialWorkers/](http://www.llronline.com/POL/SocialWorkers/)



### **REINSTATEMENT APPLICATION PACKET:**

According to the SC Code of Laws, Chapter 63, Section 40-63-250(E), expired licenses can be reinstated only with successful completion of a Reinstatement Application Packet listed as follows:

1. You must submit a letter to the Board with an explanation as to why you allowed your license to expire and why you feel the Board should consider your request for reinstatement.
2. You must submit a completed Reinstatement Application to the Board, along with a \$45.00 reinstatement application fee and a \$50.00 reinstatement fee.
3. You must submit your completed Biennial Renewal Form and a \$90.00 renewal fee and a \$50.00 late fee with the Reinstatement Application Packet.
4. You must submit documentation of forty (40) hours of continuing education that you have obtained in the previous year.

Send Reinstatement Application Packet (#1,2,3,4) and reinstatement fees totaling \$235.00 to:

S.C. Board of Social Work Examiners  
PO Box 11329  
Columbia, SC 29211-1329



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## APPLICATION FOR REINSTATEMENT

**Licensure Level: (circle one)** \_\_\_\_\_ LISW-CP \_\_\_\_\_ LISW-AP \_\_\_\_\_ LMSW \_\_\_\_\_ LBSW

Please type or print all information. Incomplete applications will be returned. When space provided is insufficient, attach additional sheets, with your name and Social Security number on each sheet. You must submit a non-refundable check or money order for the **\$45.00 Reinstatement Application Fee and a \$50.00 Reinstatement Fee**, made payable to LLR-Board of Social Work Examiners along with this application.

**Name:** \_\_\_\_\_  
Last First Middle Former

**Mailing Address:** \_\_\_\_\_  
Street Apt. #  
\_\_\_\_\_  
City County State Zip Code

**Phone:** Home-( ) \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
Office-( ) \_\_\_\_\_ **SS#:** \_\_\_\_\_

**EDUCATION:**

University: \_\_\_\_\_

Location: \_\_\_\_\_

Dates: \_\_\_\_\_ to \_\_\_\_\_

Degree: \_\_\_\_\_

**PREVIOUSLY LICENSED BY:**

( ) ASWB Examination

\_\_\_\_\_ Level of Examination

( ) Grandfathering

**EMPLOYMENT:** List present employer only

Name of Agency: \_\_\_\_\_

Mailing Address of Agency: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date(s) of Employment: \_\_\_\_\_

Name/Title of Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Please answer the following questions:**

**IF THE ANSWER TO ANY OF THE QUESTIONS #1 THROUGH #8 IS YES, PLEASE IDENTIFY BY NUMBER AND EXPLAIN FULLY, USING A SEPARATE SHEET. BE SURE TO PUT YOUR NAME AND SOCIAL SECURITY NUMBER ON EACH SHEET.**

1. Have you ever applied for and been denied a license, certificate or registration in social work in another state? \_\_\_\_YES\_\_\_\_NO
2. Do you now hold or have you ever held a license, certificate or registration in social work that has been subject to disciplinary proceedings before a state regulatory body or had your license, certificate or registration suspended, revoked or limited in any way? \_\_\_\_YES\_\_\_\_NO
3. Have you ever been the subject of an inquiry by the Committee on Inquiry, or comparable committee, of the National Association of Social Workers, a state NASW Chapter, the National Federation of Societies for Clinical Social Work, a state Society for Clinical Social Work or any other regulatory committee of a professional association? \_\_\_\_YES\_\_\_\_NO
4. Have you ever been convicted or pled guilty or pled nolo contendere to a criminal offense, other than a minor traffic violation? \_\_\_\_YES\_\_\_\_NO  
If yes, please attach a copy of court document(s) pertaining to your conviction, guilty plea or nolo contendere plea.
5. Are you currently or have you in the last 5 years been addicted to or used in excess, any drug or chemical substance including alcohol? \_\_\_\_YES\_\_\_\_NO
6. Are you currently being treated or have you in the last 5 years been treated for a drug or alcohol abuse or participated in a rehabilitation program? \_\_\_\_YES\_\_\_\_NO
7. Do you currently have any disease or condition, including any disease or condition generally regarded as chronic by the medical community, i.e. mental or emotional disabling condition; alcohol or other substance abuse; and/or physical disease or condition, that may presently interfere with your ability to competently and safely perform the essential functions involved in practice as a social worker? \_\_\_\_YES\_\_\_\_NO
8. Have you ever been involuntarily terminated from any social work or related employment?  
\_\_\_\_YES\_\_\_\_NO

**STATEMENT OF APPLICANT**

**Should I furnish any false information on this application or on any supporting document or material, I understand that such an act shall constitute cause for denial of my application or revocation of my social work license. I also understand that as a licensed social worker, I am governed by the Code of Professional Conduct and by Section 40-63-110 of the licensure law.**

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

\* If you have any disabilities (per the American Disabilities Act) of which the Board needs to be aware, please contact the Board office.

Send application to:

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**Renewal Instructions**

1. Complete all questions and blank spaces on this renewal application. **Incomplete applications will be returned.**
2. Mail completed renewal form and fee of \$140 to the Board.
3. Make check payable to the SC Board of Social Work Examiner and allow three weeks for processing.

Please call the Board office at (803) 896-4665 if you have any questions or visit our webpage at [www.llr.state.sc.us/POL/SocialWorkers](http://www.llr.state.sc.us/POL/SocialWorkers).

**Home Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Business Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Congressional District:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Congressional District:** \_\_\_\_\_

Please indicate if you are willing for your name to be added to a list of volunteer Social Workers who may be called upon in the event of a public health emergency. ☐ **YES** ☐ **NO**

**Current Activity Status:**

☐ Currently Practicing Profession

☐ Not Currently Practicing Profession

☐ Retired

**Current Form of Practice:**

☐ County Gov

☐ Fed Gov Local Gov

☐ Local Gov Self, Solo

☐ Private Employer

☐ Self Solo

☐ Self, Partner/Group

☐ State Gov

☐ Other: \_\_\_\_\_

**Affirmation of Continuing Education**

I **affirm** that I have obtained a minimum of 40 clock hours of social work related CE, a minimum of 20 hrs. of the 40 clock hours have been specifically provided by a trained social worker (a person with a BSW, MSW, or a Doctorate in social work). YES \_\_\_\_\_

**Copies of CE certificates must be submitted with renewal form.**

**If you answer "YES" to a question below, a detailed letter of explanation along with the documentation indicated after each question must be submitted.**

1. Since the last renewal of your license, have you been convicted or plead nolo contendere to any crime? **If you do not have documentation, request a criminal records check be sent by the appropriate entity directly to the Board.** ☐ **YES** ☐ **NO**
2. Since the last renewal of your license, have you had a license denied, restricted or disciplined by any other licensing board or national certifying body?

**Send a request to the board/body where your disciplinary action occurred for a final order to be sent directly to the Board. ☐YES ☐NO**

3. Do you currently have, or since the last renewal of your license, have you had any mental, emotional, and/or physical disease or condition, including alcohol or other substance abuse that may presently interfere with your ability to competently and safely perform the essential functions involved in this profession?  
☐YES ☐NO
4. Since the last renewal of your license, have you been addicted to, or used in excess, any drug or chemical substance including alcohol, or been treated for a drug or alcohol addiction or participated in a rehabilitation program? ☐YES ☐NO

**I hereby swear/affirm I have read all questions on this renewal application and have answered truthfully, accurately, and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina license.**

Print Name \_\_\_\_\_ License No. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

DATE RECEIVED STAMP	FOR BOARD OFFICE USE ONLY
	Check amount _____ Check Number _____